

POSITION	INT'L. NO.	P.N.C.	DATE
<b>Best Available Copy</b>			
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	8	01/30/01	
FORMALITY REVIEW	MD	579	5/8/01
RESPONSE FORMALITY REVIEW	M.H	625	08-20-01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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